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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date Staffed (Received)

Bayfield Co. Zonling Dept. 0 8 5

> Permit #: Amount Paid:

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

☐ Shoreland —		Section 32	NE SWJ 1/4, MINSTY 1/4	PROJECT LOCATION	Authorized Agent: (Pers	Contractor: Gas tacks	S8340 Nelson Rd	Supera Ag	TYPE OF PERMIT REC
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	Section 32 , Township 44 N, Range 5	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		or Rd	Products	TYPE OF PERMIT REQUESTED—▶ □ LAND USE □ SAN
ce, Pond or Flowage If yes—continue —	Fyescontinue	w Town of:	CSM	PIN: (23 digits) 04- 076- 2-46-95-72	Agent Phone:	715 6 23 - WSS	MASON, W. SYSSE	Mailing Address:	☐ SANITARY ☐ PRIVY ☐
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	N. T.	Lot(s) No. Block(s) No.	PIN: (23 digits) 04- 026-2-46-95-72-30(-000-2000	Agent Mailing Address (include City/State/Zip):	Plumber:	2888	ASAlland, W: 5 1806	☐ CONDITIONAL USE ☐ SPECIAL USE
*	i#	Lot Size	Subdivision:	Recorded Document: (i.e. Property Ownership) Volume 1.25 9 Page(s) 179	State/Zip):			The state of the s	
□ Yes	ls Property in Floodplain Zone?	Acreage 22/2		nent: (i.e. Property Own	Written Author Attached PYes □ No	Plumber Phone:	Cell Phone:	Telephone:	☐ B.O.A. ☐ OTHER
□ Yes	Are Wetlands Present?	12		rty Ownership)	Written Authorization Attached ☑ Yes ☐ No	hone:			THER

Proposed Construction:	Existing Structure					\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3		Value at Time of Completion *include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	r is relevant to it)	VV4	□ Foundation	□ No Basement	Basement	☐ 2-Story	☐ 1-Story + Loft	¥ 1-Story	# of Stories and/or basement
Length: IZO	Length:						🐴 Year Round	□ Seasonal	Use
0				X None		□ 3	⊒ 2	<u>1</u>	# of bedrooms
Width:	%idth:	None	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specifi	☐ (New) Sanitary Specify	☐ Municipal/City	What Type of Sewer/Sanitary Syste Is on the property?
Height: ≥ /	Height:			ract)	ted (min 200 gallon)	ify Type: 😽	fy Type:		pe of ry System operty?
						П	⊏ Well	☐ City	Water

Non-Shoreland

Proposed Use	*	Proposed structure		Dimensions	Footage
		Principal Structure (first structure on property)	(×)	
		Residence (i.e. cabin, hunting shack, etc.)	^	×	
		with Loft	(×)	
Residential Use		with a Porch	~	×	
		with (2 nd) Porch	^	×	
		with a Deck	^	×	
		with (2 nd) Deck	^	×	
Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x }	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(x)	
Municipal Use	×	Accessory Building (specify)	(х)	
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	^	х)	
	-				
C		Special Use: (explain)	(×)	
4 1000		Conditional Use: (explain)	•	х)	
Secretarial Staff		Other: (explain)	_	×)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) an (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:	(If there are Multiple Owners <u>listed on the Deed All</u> Owners must sign or letter(s) of authorization must accompany this application)	Owner(s):
7		Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed



APPLICATION FOR PERMIT
BAXFIELD COUNTY, WISCONSIN
Property (Received)

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Permit #: Date: Amount Paid:

\$125

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.	issued until all fer Id County Zoning	es are paid. Department.	Bayfield Co. Zoning Dept.		Refund:	ınd:	· · ·	(analyst form)
DO NOT START CONSTRUCTION UNTIL ALL	TIL ALL PERMITS I	RMITS HAVE BEEN ISSUED TO A	D TO APPLICANT. SANITARY PRIVY	GONDITIONAL USE		SPECIAL USE	B.O.A	OTHER
Owner's Name:	2		, dd	St Rs	City/State/Zip: As h.land WI	54806	Telephone:	2 - 6646
2/3/	Rd		City/State/Zip: MASON: W	1 54856			Cell Phone:	one:
Contractor: Construction,	hon, Inc		one:	Plumber;		- I	Plumbe	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	ng Application on be		Agent Phone:	Agent Mailing Ac	Agent Mailing Address (include City/State/Zip):	tate/Zip):	Written A Attached Yes	Written Authorization Attached Yes © No
PROJECT Legal D	Legal Description: (Us	(Use Tax Statement)	<u>PIN:</u> (23 digits) 04- クスのースール	46-05-32-301	01-000-20000	Recorded Do	Document: (i.e. Pro	ge(s)
NESW 1/4, NWSW	1/4	Gov't Lot Lot(s)	CSM Vol & Page	Page Lot(s) No.	b. Block(s) No.	Subdivision:		
Section 32, To	Township 46	N, Range <u>05</u>	W Town of:	Kell y		Lot Size	Acre 2	Acreage 22.12
□ Is Pro	operty/Land w	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	r, Stream (incl. Intermit	Distance	Structure is from Shoreline:		Is Property in	Are Wetlands
☐ Shoreland — ☐ Is Pro	operty/Land wi	☐ Is Property/Land within 1000 feet of Lake,	e, Pond or Flowage If yescontinue	Distance Structure	ucture is from Shoreline :	<u> </u>	☐ Yes	
Non-Shoreland								
ion e &	Project (What are you applying for)	# of Stories and/or basement	lent Use	# bedrooms	Sew Is	What Type of Sewer/Sanitary System Is on the property?	of System lerty?	Water
Į New	New Construction	塓	1 -		☐ Municipal/City	City		□ City
Sa & AND Com	Addition/Alteration	on 1-Story + Loft	oft X Year Round	und U 2	☐ Sanitary (Exists) Specify Type:	kists) Specify	/Type:	
	Relocate (existing bldg)	Z 🗆	ent	⊠ □ None	☐ Privy (Pit) or ☐ V	or Vault v/service cont	vice contract)	l (nolle
	erty			Addition to the state of the st	☐ Compost Toilet☐ None	oilet	411	
Existing Structure: (If perr Proposed Construction:	(if permit being applied for tion:	d for is relevant to it)	Length:	120	Width:	40	Height: Height:	/G 24
Proposed Use			Proposed Structure	ructure		Dir	Dimensions	Square Footage
and the state of t	☐ Principal S	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	tructure (first structure on prop (i.e. cabin, hunting shack, etc.)	erty)			××	
	\sqcup	with Loft	The state of the s				x x	
Residential Use		with a Porch with (2 nd) Porch	arch	and the state of t			×	
1		with a Deck		a physical state of the state o	WWW		××	
√ Commercial Use		with Attached Garage	ed Garage	, j., j.	2414		×	*****
	Bunk	Bunkhouse w/ (☐ sanitary, or	y, or \square sleeping quarters,	[]]	cooking & food prep facilities)	es) (×	L. Harris
		Mobile Home (manufactured date)	red date)	II i	Affirmers - Affirm	_	×	
		Addition/Alteration (sp	(specify)		- 11)	
☐ Municipal Use	☐ Acces	Accessory Building (sp	(specify) tole Barn	on Show	Obalots, my	1 40	x (20)	0027
Don'd for losson		Accessory Building Addition/Alteration	tion/Alteration ((specify)	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	×	
1000 km	□ Speci	Special Use: (explain)	7		The second secon			15311-2
SP 17 85		Conditional Use: (explain)	1)		1447	- -	××	
Secretarial Staff	Othe	Other: (explain)		CTON METHOLIT A DEE	NAT WHILE BESHET IN E	ENAITIES		
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTILE [(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (out) knowledge and belief it is true, correct in (we) and contains the providing and that it will be relied upon by Bayfield County in determining whether to issue am (are) responsible for the detail and accuracy of all information I (we) providing and that it will be relied upon by Bayfield County of ficials charged with administer.	r (including any accoulant accuracy of all	IRE TO OBTAIN A PERMIT impanying information) has be information I (we) am (are)	Or STARTING CONSTRUCE Speen examined by me (us) is providing and that it will be provided to the construction of the construc	JCTION WITHOUT A PER and to the best of my (our) or e relied upon by Bayfield C increment to compare the compare to the compar	RAMIT WILL RESULT IN Exampled ge and belief it is county in determining whe county officials charged was a superior of the superior officials charged was a superior of the superior of the superior officials and superior officials are superior of the superior officials and superior officials are superior of the superior officials and superior officials are superior officials and superior officials are superior officials and superior officials are superior officials.	ENALTIES true, correct and c ther to issue a per ith administering (complete. I (we) ack mit. I (we) further	AALTILE. Le, correct and complete. I (we) acknowledge that I (we) are to issue a permit. I (we) further accept liability which administering county ordinances to have access to the
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Owner(s): (If there a

are Multiple Owners listed on the

AMOwners must sign or let (s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the

(s) a letter of author

py this application)

Date

8-28-15

Date

Attach

Copy of Tax Statement

purchased the property send your Recorded Deed

Address to send permit

SUBMUT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

22

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)

FNIENT

\$125.00

Bayfield Co. Zonling Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

Amour
Amount Paid:
\$1-1-15 \$250

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Refund:	Amount Paid:	Date:	Permit #:
	\$250 9-17-15	9-17-15	15-0352

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The REQUESTREE+ ELEANOUSE	County Use Security County Use Security Secur	Secretarial Staff FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [We) Jectare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (we) further accept liability which the county in the county	complete. I (we) ackno	IALTIES	NT WILL RESULT IN PEN	WITHOUT A PERM	THE CONCTOLICTION		EVILLE LL	200	Secretari
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	Transmit save teer state) 2 APEL-CANT.	***		-	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		ileration (specify	y building Addition/	1	T	**************************************
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ERMIT REQUESTED - LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. Mailing Address: City/State/Zip: Tele Property: City/State/Zip: PSM (and (W) 54806 Cell Property: City/State/Zip: City/State/Zip: Plumber: P	NITREQUESTED LAND USE SANITARY PRIVY IN THE PERMITS HAVE BEEN ISSUED TO APPLICANT. SANITARY PRIVY Mailing Address: 1805 Main Sorty: SANITARY PRIVY Mailing Address: 1805 Main Sorty: SANITARY PRIVY Mailing Address: Only/State/Zip: SANITARY PRIVY	Authorization	Written	te/Zin):	ross (include City/Sta	No Add			さって	MShow	C
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☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A.	PRIVY	į		7080/		A CIWA	\$	Maling			Owner's Name:
2000		THER	₽			CONDITIONAL	□ PRIVY □	300	30000	QUESTED-	TYPE OF PERMIT RE

5 330' of-

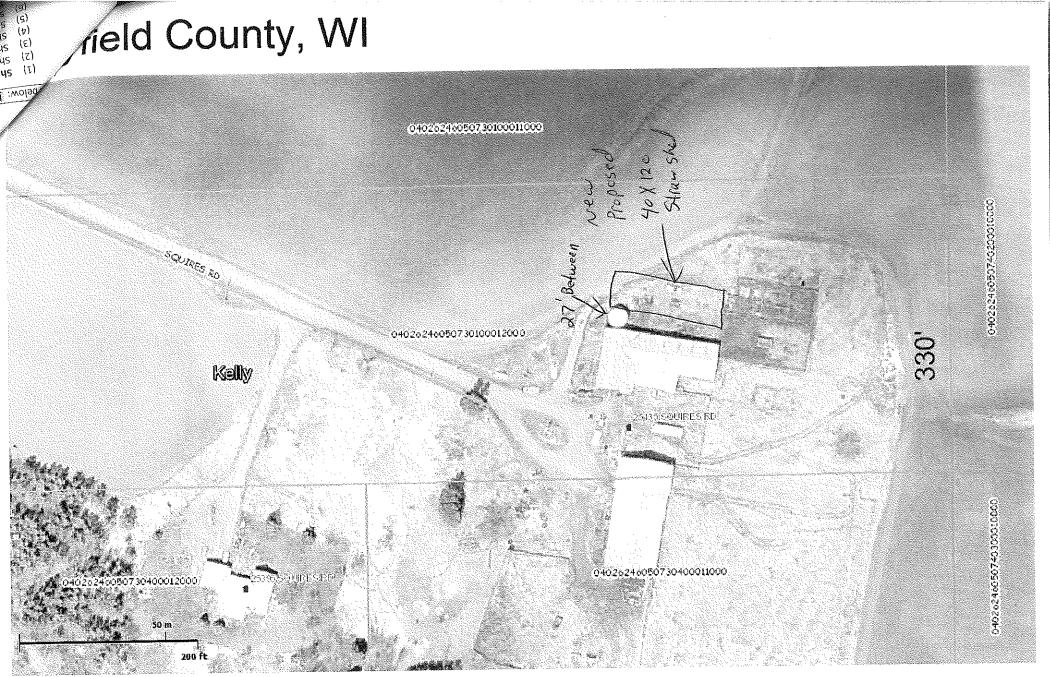
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Authorized Agent:

signing on behalf of the owner(s) a letter of authorization must accompany this application)

		Hold For Fees:		Hold For Affidavit:	=	Hold For TBA:	Hold For Sanitary: 📋	품
21/4/16	100				_	re	Signature of Historica.	9
a. > / /	Date of Approval:		Jre.	In structure	pressure		attire of inspector.	Ç
			May not be used for numan habitation. No water under	e used for No water	May not be habitation.			
		hed.)	No -(If No they need to be attached.)	. No −(if No	iched? Yes	loard Conditions Atta	dition(s): Town, Committee or B	င္ခ
ion:	Date of Re-Inspection:			16	Inspected by:		일	Dat
783/ 	Zoning District Lakes Classification)	Stri	2000	Alked Bulk F	Jansi
□ No		s Represented by Owner Was Property Surveyed	Were Property Lines			ated Nes INO	Was Parcel Legally Created Was Proposed Building Site Delineated	€
	C	Variance (B.O.A.) Case	Previously Granted by Variance			#	Granted by Variance (B.O.A.) Yes No Case #:	Gra Y
□ Yes ∠No □ Yes ∠No	Affidavit Required Affidavit Attached	NO	Mitigation Required Mitigation Attached	NO O O	d) Jous Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	18 9 E	UN TI
			K -	355	Permit Date:			Perr
				enial:	Reason for Denial:		Permit Denied (Date):	Peri
	Sanitary Date:	so require permits. Fof bedrooms:	ederal agencies may als	ry, State or Fo	own, Village, City, Sta Sanitary Number:	ty Use Only)	Issuance Information (County Use	ISSI
(e e e e e e e e e e e e e e e e e e e	not begun. orm Dwelling Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.	the Date of Issuance if Aunicipalities Are Requi	L) Year from the ling: ALL N	its Expire One (Two Family Dv	E: All Land Use Perm action Of New One &		
cture, or must be	the proposed site of the stru	the boundary line from which the known corner within 500 feet of a field (DE) Holding Tank	he minimum required setback, of a corrected compass from a	(30) feet from the partment by use of the partment of the part	et but less than thirty verifiable by the De	cture more than ten (10) ferviously surveyed corner, or opense.	Prior to the placement or construction of a structure more than ten (10) feet but lass than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Prior one p mark
previously surveyed corner to the	ae visible from one previously	etback must be measured must b	oundary line from which the s	ed setback, the b	the minimum requi wner's expense.	cture within ten (10) feet of a licensed surveyor at the o	Prior to the placement or construction of a structure within ten (10) feet of the minimum required serback, the boundary line from which the setback must be measured must be visit other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	Prior
				Feet		osting)	ack to Privy (Portable, Compo	Set
Feet			Setback to Well	Feet		Tank	oack to Septic Tank or Holding	Set
Feet		plain	Elevation of Floodplain	Feet	Q .		Setback from the East Lot Line	Sett
Feet		and	Setback from Wetl	Feet			Setback from the South Lot Line	Seti
Feet		3ank or Bluff	Setback from the E	Feet	3		Setback from the North Lot Line	Set
Feet	er mark)	Setback from the Lake (ordinary high-water m Setback from the River, Stream, Creek	Setback from the P	Feet	2	atted Road ht-of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Set
		300150.000 JUDOVINOSAN ISOMAGE ROLLA - COOK 800						
Measurement	M	Description		ient	Measurement		2000	
id by the Planning & Zoning Dept.		Changes in plans must be approve	Chan		st point)	Setbacks: (measured to the closest point)	(8) Setbacks: (mea	
A TENNE TO THE PARTY OF THE PAR		os de sus sessos do da la indula asponante de sessos de la indula de la composição de la co			ng)	ve (prior to continui	Please complete (1) – (7) above (prior to continuing)	"U
								······································
_/		,						
			% 	pes over 209	nds; or (*) Slo	(*) Wetla	(/) Show any (*):	
	!/or (*)	(*) briveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	Iname Frontage Roal erty *) Drain Field (DF); (*) k ; or (*) Pond	n your Proporting (ST); (* Tank (ST); (* tream/Creel	way <u>and () Fo</u> Ng Structures o W); (*) Septic (*) River; (*) S			
		÷	Proposed Construction North (N) on Plot Plan (**)	3	on Plot Plan		(1) Show Location of: (2) Show / Indicate:	
*			applying for)	hat you are	egardless of w	w. <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)	Draw or Sket	



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